

L19000258926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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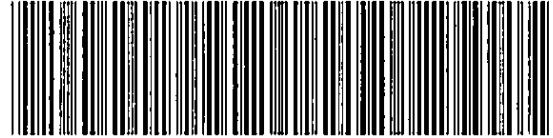
(Business Entity Name)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alpha Tech Systems, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L19000258926

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Martina Cracolici
Name of Person

Name of Firm/Company

4237 SW Walker Street
Address

Port Saint Lucie, FL 34953
City/State and Zip Code

alphatechsystemsmaile@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Martina Cracolici at (954) 881 6118
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Martina Gracolici

Name of Registered Agent

, hereby resigns as

Registered Agent for Alpha Tech Systems, LLC

Name of Limited Liability Company

L19000258926

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

M. Gracolici

Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

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TALLAHASSEE, FLORIDA

FILING FEES:

| | |
|----------|--|
| \$ 85.00 | Active limited liability company |
| \$ 25.00 | Administratively dissolved/voluntarily dissolved/ withdrawn limited liability company |

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314